PLACE OF BIRTH	ARIZO	NA STATE BO	DARD O	F HEA	LTH
County of	BUREAU OF V	VITAL STATISTICS	131 State	e Index No	869
District of	ORIGINAL CER	TIFICATE OF BIRTH	ę Co. I	Register No.	260
Town of $\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{$		<del></del>	Local Reg	gistrar's No.	•
City of	(No		St;		_Ward)
full name of child &	1 stalu	Lulhand		§ Born	YES
If child is not named, make Supplem	ental Report on bla	ink obtainable from local	registrar.	Alive	) MC
Sex of Twin, Triplet or other	and Numbe in orde of birth	Legitiu Bi	ate of http://	}— Ц (Day)	191_ (Yr.)
Full FATHER Name	hillad	Full Mo Maiden Name	OTHER	Jonald	<del>```</del>
Residence Lole We		Residence	<u> </u>	<u> </u>	<u> </u>
Color Age at la or Race Birthday	st #1	Color or Race White	Age at Birth	day	ears)
Occupation and Indiana, Ma		Occupation 1	blifai	Mari	<b>1</b>
- Changem		Hau	Jefue	<u> </u>	<del></del>
Number of child of this mather	en, of this mother, now living	Were precautions taken	against Ophthalmia n	eonatorum?	<u> </u>
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of the above child; and that it occurred on wat 4 1916, at 8 75 M.					
*When there is no attending physician or midwife, then the householder should make this return.	.)	Signature) (Attending ph	Stur	o e le	a
Given or Christian name added from	a O	Address	> (C) - \ \ \	9	
supplemental report191	· Filed	, δ.=	500	W.	
384-904-145 COUNTY REGISTRAR	Filed Och &	A True Copy	606	REGISTR C VX REGISTR	N N